

INSULIN PEN* USE BY CERTIFIED MEDICATION AIDES (CMA)
QUESTIONS & ANSWERS

ADMINISTRATION

- Q. How long should the CMA shake the insulin pen to mix the insulin?**
A. NEVER SHAKE insulin. The CMA should mix insulin suspensions by gently rolling the insulin pen between his/her palms 10 times, then alternate pointing the insulin pen up and down 10 times. Vigorous shaking can break up insulin molecules and decrease the potency of insulin.
- Q. Does the needle on an insulin pen need to be primed before each dose or just the first time an insulin pen is used?**
A. An insulin pen must be primed each time it is used.
- Q. Can the type of insulin in an insulin pen be identified by the color of the label or the color of the pen?**
A. Always read the label. Never choose any item by the color. There is no standard color system for insulin. Manufacturers may use any color they want and can change the color system at any time.
- Q. When using the insulin pen must the injection sites be rotated?**
A. Yes. Injection site rotation for an insulin pen system is the same as injection site rotation for a regular insulin syringe.
- Q. How long should the needle remain in the resident after the push button has been depressed?**
A. Different brands of insulin pens have different recommended times that vary from 5 to 10 seconds. Before initial use of an insulin pen, the CMA must check the manufacturer's literature for the correct amount of time. The CMA must note the time required on the MAR after verifying it from the literature.
- Q. What should the CMA do if there is not enough insulin for a complete dose; e.g. the order is for 40 units but there are only 30 units in the insulin pen in the resident's medication drawer?**
A. If there is not enough insulin in the insulin pen to give the complete dose, the CMA must obtain a new pen and give the complete dose in one injection. The insulin pen with the insufficient amount of insulin should be removed from the medication cart according to the facility policy.
- Q. When using insulin pens are there any changes in infection control techniques?**
A. No. Infection control techniques remain the same. The insulin pen is an injection device. The aseptic technique used for a regular insulin syringe is also used for the insulin pen system. Hand washing is still required before and after administering insulin. Gloves must be worn as per facility policy . Alcohol swabbing of the insulin pen is required before attaching the needle and the injection site must be clean and prepped with an alcohol wipe before injection.

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- Q. What should be done if a drop of liquid is noticed at the injection site after the insulin pen is removed?**
- A. There are at least two reasons that a drop or more of liquid would be visible after an injection using an insulin pen. If the insulin pen has been primed pointing up some insulin may have remained in the safety needle cover and then was left on the skin after the injection. Another reason could be that the needle was withdrawn before the entire amount of insulin was injected into the resident and the remainder was deposited on the skin as the needle was withdrawn. (It can take up to 10 seconds for the entire amount of insulin to pass through the needle.) If the latter reason was the cause, the resident did not receive the prescribe dose and should be monitored for signs of HYPERglycemia. The registered nurse should be contacted and the resident monitored per the registered nurse's instructions.**

It is important to keep the needle in the resident for the entire time that is required by the pen manufacturer.

CMA RESPONSIBILITIES

- Q. Can the CMA label an insulin pen with the resident name and date removed from refrigerator?**
- A. No. The Pharmacy must label the individual insulin pens with the resident's name. Space must be provided for the date the pen is removed from the refrigerator. The CMA or Nurse who removes the insulin pen from the refrigerator fills in the date.**
- Q. Will CMAs be able to give B12 injections?**
- A. No. The regulation only allows for administration of Insulin. A CMA is not allowed to administer any other injections.**
- Q. Will CMAs be able to give injections with insulin pens that use cartridge refills?**
- A. No. The Department does not consider these to be pre-filled insulin since someone must fill or refill the insulin pen with a separate cartridge.**

NEEDLES / SAFETY / DISPOSAL

- Q. Can a CMA attach a clean needle after disposing of the used needle to save time in preparing the next dose?**
- A. No. Needles should only be attached shortly before administering the insulin. An insulin pen should never be stored, even for a short time, with the needle attached.**

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Q. Can the insulin pen be used on different residents if a new needle is used?

A. No. Sharing any medication is prohibited. This is especially dangerous with insulin pens because they may become contaminated with cells and proteins from the residents upon whom they were used.

Q. If no safety needle is available, can a nurse use a regular needle with the insulin pen?

A. No. In licensed Health Care Facilities, staff are required to use safety needles. Regular needles should not be available in the facility for use by staff.

Q. Can a resident administer his/her own insulin using a regular needle on an insulin pen?

A. Yes; NJAC 8:43E-7.1(a) requires "All facilities shall purchase, for use by health care workers only available sharp devices containing integrated safety features or available needleless devices designed to prevent needle stick injuries..." If needles are purchased and used by the resident, safety needles are not required because the resident is self-administering their medication.

Q. How is an empty insulin pen disposed of?

A. Since the insulin pen is considered a syringe and may contain blood cells & proteins from a resident, it should be disposed of in the sharps container or as regulated medical waste.

ORDERING

Q. When should insulin pens be re-ordered?

A. A facility should always have at least one insulin pen available in the refrigerator in case the active insulin pen becomes unusable. Therefore, order more insulin pens after administering the initial dose from the next to last insulin pen in the refrigerator. Order earlier if use history is heavy.

STORAGE

Q. Is there any special place in the refrigerator for storing insulin pens?

A. The required storage temperature is between 36 and 46 degrees Fahrenheit (F). If a refrigerator has a freezer or ice cube compartment the temperature next to it may be below freezing (32 degrees F). Therefore, do not store the insulin pens next to the freezer or ice cube compartment since they may freeze in that area. Also, never place insulin pens in the freezer or ice cube compartment of a refrigerator. If insulin freezes it must be discarded since it is no longer effective after it thaws.

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Q. Can the insulin pen be stored in the refrigerator after use to extend the expiration date?

A. No. After it is first used, the insulin pen should be stored at room temperature and discarded according to the manufacturers' recommendations.

Q. How long may insulin pens be kept at room temperature?

A. The box of insulin pens from the pharmacy should not be kept at room temperature. Place the box in the medication refrigerator as soon as possible after it is received. Currently, all insulin pens are supplied in a box that contains five insulin pens. Only one insulin pen of each type of insulin that the resident is using should be kept in the resident's medication drawer at room temperature. Different types of insulin are stable at room temperature for different lengths of time. The CMA must check the package insert for the maximum time a single insulin pen may be stored at room temperature.

*** Fixed insulin cartridge & injector device**